

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212533274</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>WESTERN UNION FINANCIAL SERVICES, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>CO</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>10/31/2012</b></p> <p>SCC ID NO: <b>F1399080</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>20,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	20,000
CLASS	AUTHORIZED					
COMMON	20,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 12500 E BELFORD AVE #M21A2</p> <p style="text-align: center;">CITY/ST/ZIP: ENGLEWOOD, CO 80112</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEWART A STOCKDALE  TITLE: PRESIDENT  ADDRESS: 12500 E BELFORD AVE  CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEWART A STOCKDALE TITLE: PRESIDENT ADDRESS: 12500 E BELFORD AVE CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DARREN J DRAGOVICH  TITLE: VICE PRESIDENT  ADDRESS: 12500 E BELFORD AVENUE  CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DARREN J DRAGOVICH TITLE: VICE PRESIDENT ADDRESS: 12500 E BELFORD AVENUE CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Darren Dragovich  TITLE: ASST SECRETARY  ADDRESS: 12500 East Belford Avenue  CITY/ST/ZIP/CO: Englewood, CO 80112 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Darren Dragovich TITLE: ASST SECRETARY ADDRESS: 12500 East Belford Avenue CITY/ST/ZIP/CO: Englewood, CO 80112	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Rajesh Agrawal  TITLE: ASST TREASURER  ADDRESS: 12500 East Belford Avenue  CITY/ST/ZIP/CO: Englewood, CO 80112 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Rajesh Agrawal TITLE: ASST TREASURER ADDRESS: 12500 East Belford Avenue CITY/ST/ZIP/CO: Englewood, CO 80112	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Rajesh Agrawal TITLE: ASST TREASURER ADDRESS: 12500 East Belford Avenue CITY/ST/ZIP/CO: Englewood, CO 80112	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Nicole Ayres  TITLE: ASST SECRETARY  ADDRESS: 12500 East Belford Avenue  CITY/ST/ZIP/CO: Englewood, CO 80112 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Nicole Ayres TITLE: ASST SECRETARY ADDRESS: 12500 East Belford Avenue CITY/ST/ZIP/CO: Englewood, CO 80112	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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NAME:	Joel Campbell	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Scott Coad	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Kurt Colburn	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Scott Stevens	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Sarah Wadsworth	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Christopher Fischer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Markell Fluckiger	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Emmanuel Salvetti	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Richard Krollman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CCO of AML		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	Lisa Lam	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		
NAME:	James Robinson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	12500 East Belford Avenue		
CITY/ST/ZIP/CO:	Englewood, CO 80112		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Rodin ASST SECRETARY 12500 East Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Amintore Schenkel VICE PRESIDENT 12500 East Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Amintore Schenkel ASST SECRETARY 12500 East Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Amintore Schenkel Asst CFO 12500 East Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Amintore Schenkel ASST TREASURER 12500 East Belford Avenue Englewood, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ Sarah Wadsworth SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		Sarah Wadsworth, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE		8/29/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					